

01-25-08

Atty. Dkt. No. 075977-0125

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: RUBEN et al.

Title: NOVEL PROTEIN
EXPRESSED IN BRAIN
(As Amended)

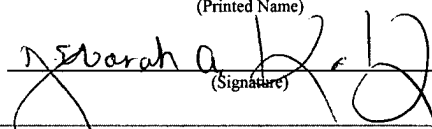
Appl. No.: 10/800,834

Filing Date: 03/16/2004

Examiner: Hamud, Fozia M.

Art Unit: 1647

Confirmation No.: 2119

| | |
|--|---------------------------------------|
| CERTIFICATE OF EXPRESS MAILING | |
| I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. | |
| EM 113864008 US (Express Mail Label Number) | January 24, 2008 (Date of Deposit) |
| Deborah A. Kocorowski (Printed Name) | |
|  (Signature) | |

Mail Stop **AMENDMENT**
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AND REPLY TRANSMITTAL

Transmitted herewith is an Amendment and Reply in the above-referenced patent application.

Enclosed please find:

[X] Amendment and Reply under 37 C.F.R. § 1.111 (17 pages).

[X] The fee required for additional claims is calculated below:

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1050.00 OP

| | Claims As Amended | | Previously Paid For | | Extra Claims Present | | Rate | | Additional Claims Fee |
|--|-------------------------|---|------------------------|---|----------------------------|---|----------|---|--------------------------|
| Total Claims: | 28 | - | 26 | = | 2 | x | \$50.00 | = | \$100.00 |
| Independent Claims: | 6 | - | 4 | = | 2 | x | \$210.00 | = | \$420.00 |
| First presentation of any Multiple Dependent Claims: | | + | | | | | \$370.00 | = | \$0.00 |
| CLAIMS FEE TOTAL | | | | | | | | | = \$520.00 |

☒ The Applicants hereby petition for an extension of time under 37 C.F.R. § 1.136(a) for the total number of months checked below:

| | | |
|--|------------|------------|
| <input type="checkbox"/> Extension for response filed within the first month: | \$120.00 | \$0.00 |
| <input type="checkbox"/> Extension for response filed within the second month: | \$460.00 | \$0.00 |
| <input checked="" type="checkbox"/> Extension for response filed within the third month: | \$1,050.00 | \$1,050.00 |
| <input type="checkbox"/> Extension for response filed within the fourth month: | \$1,640.00 | \$0.00 |
| <input type="checkbox"/> Extension for response filed within the fifth month: | \$2,230.00 | \$0.00 |
| EXTENSION FEE TOTAL: | | \$1,050.00 |
| <input type="checkbox"/> Statutory Disclaimer Fee under 37 C.F.R. § 1.20(d): | \$130.00 | \$0.00 |
| CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL: | | \$1,570.00 |
| <input type="checkbox"/> Small Entity Fees Apply (subtract ½ of above): | | \$0.00 |
| Extension Fees Previously Paid: | | \$0.00 |
| TOTAL FEE: | | \$1,570.00 |

A credit card payment form in the amount of \$1,570.00 is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

If any extensions of time are needed for timely acceptance of papers submitted herewith, the Applicants hereby petition for such extension under 37 C.F.R. § 1.136 and authorize payment of any such extensions fees to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date January 24, 2008

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By Stephanie H. Dava 45,178

for Michele M. Simkin
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